

MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4275

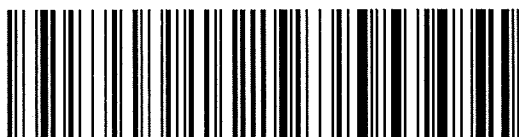


MAXIMUS
Case
Number:



CM20-0115160

Document
Type
Requested:



Medical Records

Participant:



PRTIDCLAIMS ADMINISTRATOR

Notice of
Assignment
sent:

August 20, 2020

IMPORTANT!

**Attach this page to any documents sent to
MAXIMUS regarding this case.**

Documents sent without this cover page may not get
attached to this case.

Please indicate the document type attached
(Medical records, settlement letter, etc.)

Document(s): _____

Do not include information regarding another case with this cover page.

August 26, 2020

Maximus Federal Services, Inc.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813 8009

Re:	Claimant:	Jonathan Shockley
	Claim #:	040519008736
	DOI:	02/15/2019
	Date of UR Decision:	07/21/2020
	IMR Application Received:	08/17/2020
	Maximus Case Number:	CM20-0115160

Dear MAXIMUS Federal Service:

Pursuant to the Notification dated 8/20/20 we hereby submit the following documentation in compliance with LC 4610.5 and CCR 9792.10.4:

- Babak Jamasbi MD: RFA 7.14.20, Report 7.10.20, RFA 6.19.20, Report 6.12.20, RFA 6.3.20, Report 5.29.20, RFA 6.4.20, RFA 4.27.20, Report 4.24.20, RFA 4.1.20, Report 3.25.20, RFA 3.31.20, RFA 3.4.20, Report 2.26.20, RFA 2.3.20, Report 1.10.20, RFA 1.22.20, Report 1.15.20
- Script 5.20.20, Script 4.28.20
- Non-Cert 7.21.20, Claims Auth 6.23.20, Cert 6.11.20, Cert 6.10.20, Cert 5.1.20, Claims Auth 4.1.20, Cert 4.3.20, Cert 3.10.20, Cert 3.10.20, Cert 2.7.20, Cert 2.7.20
- RFA Deferrals: 6.23.20, 6.8.20, 5.26.20, 4.28.20, 1.22.20
- UR Deferrals: 6.8.20
- UR History Report

As requested, I have attached the provider's request for treatment and the clinical information. I believe that we have responded to your request; however, should you have any additional questions, please do not hesitate to contact us.

Sincerely,

Utilization Review Department
714-385-8500
GM-ORCA-IMR_NOA@corvel.com

Cc:

Farber & Co
333 Hegenberger Road #504
Oakland CA 94621

Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street #1100
San Francisco CA 94105

MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4275

Notice of Assignment and Request for Information

304

MARIO CASTRO
CHUBB & SON (WC) - LOS ANGELES, CA
PO BOX 30850
LOS ANGELES, CA 90030

August 20, 2020

IMR Case Number:	CM20-0115160	Date of Injury:	02/15/2019
Claims Number:	040519008736	UR Denial Date:	07/21/2020
Priority:	STANDARD	Application Received:	08/17/2020
Employee Name:	JONATHAN SHOCKLEY		
Provider Name:	BABAK JAMASBI MD		
Treatment(s) in Dispute Listed on IMR Application:	1. 12 SESSIONS OF ACUPUNCTURE FOR THE BILATERAL HANDS, WRISTS, AND FOREARMS		

Dear Parties:

The California Department of Industrial Relations' Division of Workers' Compensation has assigned MAXIMUS Federal Services to conduct an independent medical review for the above case.

Injured Workers or their Appointed Representatives:

- You may provide any documents in support of your request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.
- You should also expect to receive within 15 days of the date of this notice either copies or a list of the documents submitted to us by the Claims Administrator.

Treating Providers:

- You may provide any documents in support of your patients request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.

Claims Administrators:

- You must provide MAXIMUS Federal Services with copies of all documents listed on Attachment A (enclosed) within 15 days of the date of this notice.
- If you provide to us copies of documents that you have not previously provided to the Injured Worker, you must provide copies to the Injured Worker now.

- If copies of the documents have previously been provided to the Injured Worker, you are now required to send to the Injured Worker only a list of the documents being provided to us.
- To help us with our medical record review process, please also provide us with a list of the documents you are submitting to MAXIMUS Federal Services.
- If you contend there are grounds upon which this request for IMR should be deemed ineligible, please submit documentation supporting your contention with your response to this request for information. Please note, however, that any objections to IMR eligibility do not relieve you of the statutory requirement to submit the documents set forth in Attachment A. You should therefore submit objections to IMR eligibility in addition to – not in place of – the documents requested by and through this letter.

How to submit documents:

- (1) Facsimile to (916) 605-4275;
- (2) U.S. Postal Service mail; or
- (3) Delivery Service.

For U.S Postal Service Use
MAXIMUS Federal Services
Independent Medical Reviews
P.O. Box 138009
Sacramento, CA 95813-8009

For Delivery Service Use
MAXIMUS Federal Services
Independent Medical Reviews
625 Coolidge Drive, Suite 100
Folsom, CA 95630-3198

BOTH PARTIES: PLEASE BE SURE TO INCLUDE THE MAXIMUS CASE NUMBER WITH EACH DOCUMENT SUBMISSION. FAILURE TO DO SO MAY DELAY THE IMR PROCESS.

What Happens Next? Once the deadline for submitting documents has passed, MAXIMUS Federal Services will conduct a review of the documents submitted to verify that all of the required documents have been received. The complete case file will then be sent for an independent medical review by a doctor. In almost all cases, MAXIMUS Federal Services will send you a letter with this doctor's decision within **45 days** from the date of this notice.

Additional information regarding the independent medical review process is available online at <http://www.dir.ca.gov/dwc/IMR.htm>

Encl

ATTACHMENT A:
DOCUMENTS THAT MUST BE SUBMITTED BY THE CLAIMS ADMINISTRATOR

(1) A copy of all of the employee's medical records, within six months prior to the date of the request for authorization, in the possession of the employer or under the control of the employer relevant to each of the following:

- (A) The employee's current medical condition;
- (B) The medical treatment being provided by the employer;
- (C) The disputed medical treatment requested by the employee; and
- (D) A copy of any other relevant documents or information used by the employer or its utilization review organization in determining whether the disputed treatment should have been provided, and any statements by the employer or its utilization review organization explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.

(2) Other relevant documents:

- (A) A copy of all reports of the employee's treating physician relevant to the employee's current medical condition, including those that are specifically identified in the request for authorization or in the utilization review determination.
- (B) A copy of the adverse determination by the claims administrator notifying the employee and the employee's treating physician that the disputed medical treatment was denied or modified.
- (C) A copy of all information, including correspondence, provided to the employee by the claims administrator concerning the utilization review decision regarding the disputed treatment.
- (D) A copy of any materials the employee or the employee's provider submitted to the claims administrator in support of the request for the disputed medical treatment.
- (E) A copy of any other relevant documents or information used by the claims administrator in determining whether the disputed treatment should have been provided, and any statements by the claims administrator explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
- (F) The claims administrator's response to any additional issues raised in the employee's application for independent medical review.

Pursuant to California Labor Code Section 4610.5(i), failure to submit all required documents could result in the assessment of administrative penalties up to \$5000.00.



Non-Certification Recommendation

CLAIM #:	040519008736	INSURED:	Biotelemetry, Inc. / Chubb & Son (WC) - Los Angeles, CA
DOI:	02/15/2019	CARRIER/TPA:	Chubb & Son (WC) - Los Angeles, CA /
CLAIMANT:	Jonathan Shockley	ADJUSTER:	Mario Castro
CORVEL #:	139249073-UMO-25		

Determination Date:	07/21/2020
RFA Received Date:	07/14/2020
Provider:	Babak Jamasbi, MD
Pre-cert #:	139249073-UMO-25

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, David Hoenig, M.D., CA #A82847, who is board certified in Pain Medicine, Neurology and Brain Injury Medicine, was unable to recommend the requested treatment. The non-certification decision was made on 07/21/2020.

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	12			Left - Hand, Left - Lower Arm, Left - Wrist, Right - Hand, Right - Lower Arm, Right - Wrist	97813, 97814, 97026, 97124				
Non-Certified	Acupuncture	12			Left - Hand, Left - Lower Arm, Left - Wrist, Right - Hand, Right - Lower Arm, Right - Wrist	97813, 97814, 97026, 97124	7/21/20	7/21/21		

Guidelines used in the determination process:

ACOEM, Chronic Pain, effective May 15, 2017

**



The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.

For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator. You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

Sincerely,

Ann Collier, RN
Utilization Management Department

cc: Office Copy

Mario Castro



Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*

State of California, Division of Workers' Compensation
APPLICATION FOR INDEPENDENT MEDICAL REVIEW
DWC Form IMR

TO REQUEST INDEPENDENT MEDICAL REVIEW:

1. Sign and date this application and consent to obtain medical records.
2. Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:
DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270
3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Expedited	Modification after appeal <input type="checkbox"/>
Employee Name (First, MI, Last): Jonathan Shockley	
Address: 1000 Sutter St. San Francisco, CA 94109	
Phone Number: (415) 312-4029	Employer: Biotelemetry, Inc.
Claim Number: 040519008736	Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number (if assigned): 2019022115295475087374	EAMS Case Number (if applicable): ADJ12031731
Employee Attorney (if known): Farber & Co	
Address: 333 Hegenberger Road #504 Oakland, CA 94621	
Phone Number:	Fax Number:
Requesting Physician Name (First, MI, Last): Babak Jamasbi, MD	
Practice Name: PRCMG	Specialty: Pain Management
Address: 1335 Stanford Ave. Emeryville, CA 94608	
Phone Number: (510) 647-5101	Fax Number: (510) 847-5105
Claims Administrator Name: Chubb & Son (WC) - Los Angeles, CA /	
Adjuster/Contact Name: Mario Castro	
Address: PO Box 30850 Los Angeles, CA 90030 90030	
Phone Number: (213) 612-0880	Fax Number:
Disputed Medical Treatment (Complete below section)	
Primary Diagnosis (Use ICD Code where Practical): M70.832	
Date of Utilization Review Determination Letter: 07/21/2020	
Is the Claims Administrator disputing liability for the requested medical treatment besides the question of medical necessity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:	
List each specific requested medical services, goods, or items that were denied or modified in the space below. Use additional pages if the space below is insufficient.	
1. 12 sessions of acupuncture for the bilateral hands, wrists, and forearms	
Request for Review and Consent to Obtain Medical Records	
I request an independent medical review of the above-described requested medical treatment. I certify that I have sent a copy of this application to the claims administrator named above. I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment identified on this form to the independent medical review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical reports and any other information related to my case, excepting records regarding HIV status, unless infection with or exposure to HIV is claimed as my work injury. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.	
Employee Signature:	Date:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.

You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application on your behalf and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc.
P.O. Box 138009, Sacramento, CA 95813-8009
FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

Your Right to Provide Information

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free 1-800-736-7401. You may also go to the DWC website at www.dwc.ca.gov. DWC Form IMR (Effective 2/2014)

**Authorized Representative Designation for Independent Medical Review
(To accompany the Application for Independent Medical Review, DWC Form IMR)**

Section I. To be completed by the Employee:

Employee Name (Print):	
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I wish to designate

Name of Individual (Print):	
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to act on my behalf regarding my Application for Independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law I can end my permission sooner if I wish.

Employee Signature:		Date:
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Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an individual must be designated to act on the Employee's behalf.

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:	
I am a/an:	
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)	
Address:	

City:	State:	Zip Code:
Phone Number:	Fax Number:	
State Bar Number (if applicable):		
Representative Signature:		Date:

DWC Form IMR (Effective 2/2014)

NMR

Network Medical Review Co. Ltd.

An ExamWorks Company

FILE TYPE: Prospective
REFERRED BY: Ann Collier
NAME: Jonathan Shockley
CASE #: 040519008736
EMPLOYER: Biotelemetry, Inc.
DOI: 2/15/2019
REVIEW TYPE: Prospective
NMR #: 365224
STATE JURISDICTION: CA
DATE: 7/21/2020

TELECONFERENCE #1:

- 1) AP NAME: Babak Jamasbi MD
- 2) (510) 647-5101
- 3) DATE: 7/20/2020
- 4) TIME: 2:50 PM PDT
- 5) PERSON SPOKEN WITH: Voicemail
- 6) POSITION OF PERSON SPOKEN WITH: Voicemail

SUMMARY OF CONVERSATION: I left a message with the patient information and return call number for the doctor to call me back regarding the patient.

TELECONFERENCE #2:

- 1) AP NAME: Babak Jamasbi MD
- 2) (510) 647-5101
- 3) DATE: 7/21/2020
- 4) TIME: 8:00 AM PDT
- 5) PERSON SPOKEN WITH: Voicemail
- 6) POSITION OF PERSON SPOKEN WITH: Voicemail

SUMMARY OF CONVERSATION: I left a message with the patient information and return call number for the doctor to call me back regarding the patient.

MEDICAL RECORDS:

PROGRESS NOTES	Pain & Rehabilitative Consultants Medical Group	07/10/20-07/14/20
UR HISTORY REPORT		07/17/20 +Undated
MISC		07/14/20-07/20/20 +Undated

CLINICAL SUMMARY: On 7/10/2020, the patient sees Jessica Aiken, PA-C. Date of reported injury is 2/15/2015. The patient has bilateral arm and hand pain. Pain is better with conservative treatment. The patient had acupuncture with up to 20% pain reduction. The patient is taking medications. On exam, there is no abnormal pathology. It is a telemedicine visit. Plan is for medication and acupuncture.

All available medical documentation was reviewed.

Requested Treatment:

Determination:

Is 12 sessions of acupuncture for the bilateral hands, wrists, and forearms medically necessary? Not Certified

IN ANSWER TO YOUR SPECIFIC QUESTIONS:

Is 12 sessions of acupuncture for the bilateral hands, wrists, and forearms medically necessary?

ASSESSMENT: Not Certified

EXPLANATION FOR ASSESSMENT: Per MTUS, "Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises." Based on the documentation provided, the ACOEM, Chronic Pain, effective May 15, 2017, is not satisfied. In particular, there is no documentation of significant functional improvement with prior acupuncture. Therefore, this request is not certified.

REFERENCES UTILIZED:

ACOEM, Chronic Pain, effective May 15, 2017

Acupuncture for Chronic Persistent Pain

Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence Recommended, Insufficient Evidence (I)

Level of Confidence Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning.

Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

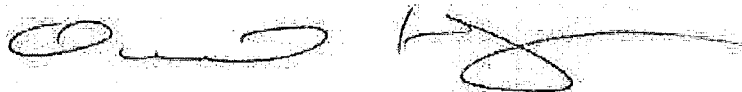
Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

Conflict of Interest Attestation:

I certify that I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review. I do not have a material professional, familial, or financial conflict of interest (financial conflict of interest is defined as ownership interest of greater than 5%) regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of the principle drug, device, procedure or other therapy being recommended for the covered person whose treatment is the subject of the review.

This attestation certifies that the peer reviewer named below has the appropriate scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review and has current, relevant experience and/or knowledge to render a determination for the case under review.



David Hoenig, M.D.
Board Certified in Neurology
Board Certified in Pain Medicine
Board Certified in Brain Injury Medicine
Licensed in State of CA #A82847

NMR Conflict of Interest Attestation:

NMR attests to the fact that there is no conflict of interest with this review for referring entity, benefit plan, enrollee/consumer, attending provider, facility, drug, device or procedure. NMR attests that its compensation is not dependent on the specific outcome of this review or has had any involvement with this case prior to this referral.

UR Check off List

ADJ RCVD: 07/14/2020	5 DAY DUE DATE: 07/21/2020
UR RCVD: 07/17/2020	CLAIM #: 040519008736
CLAIMANT: Jonathan Shockley	CorVel #: 139249073-UMO-25
CM ASSIGNED Ann Collier	Processor: Amy DiPillo
Review Type: Prospective	QA Reviewer: Jimmv Tran
Category: IMR	Jurisdiction: California
WCIS#: 2019022115295475087374	Date of injury: 02/15/2019

THERAPY									
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Facility	Provider	Notes
Requested	Acupuncture	12	0	0	Hand, Lower Arm, Wrist	97813, 97814, 97026, 97124			

EMPLOYEE: Jonathan Shockley **EMPLOYER:** Biotelemetry, Inc.

Employee Address: 1000 Sutter St.
San Francisco, CA 94109

Social Security Number: 217-25-7160 Date of Birth: 09/27/1978

INSURER/CARRIER: Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address: PO Box 30850,
Los Angeles, CA 90030

Adjuster: Mario Castro Adjuster Phone: (213) 612-0880

Adjuster Email: Mario.Castro@Chubb.com Adjuster Fax:

PROVIDER: Babak Jamasbi, MD

Provider Address: 1335 Stanford Ave.
Emeryville, CA 94608

Provider Ph / Fax: (510) 647-5101 / (510) 847-5105

PLANTIFF ATTORNEY: Farber & Co

Attorney Address: 333 Hegenberger Road #504
Oakland CA 94621

DEFENSE ATTORNEY: Christian Charles Colantoni

Attorney Address: 201 Spear Street, Ste. 1100
San Francisco CA 94105

CASE MANAGER: Hulbert, Barbara

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From: [Nguyen, Samantha](#)
To: [GM-ORCA-UR Referrals](#)
Subject: FW: DUE 7.21 RFA Therapy / 040519008736 Jonathan Shockley
Date: Monday, July 20, 2020 9:08:30 AM
Attachments: [200714101224566022.pdf](#)
[Shockley, Jonathan chubb 7.20.2021.pdf](#)

Reference Number : UMR-26136370

From: Ventura, Maria <Maria.Ventura2@Chubb.com>
Sent: Tuesday, July 14, 2020 12:19 PM
To: GM-ORCA-Chubb UR <GM-ORCA-Chubb_UR@CORVEL.com>
Subject: DUE 7.21 RFA Therapy / 040519008736 Jonathan Shockley

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The original sender of this email is: Maria.Ventura2@Chubb.com

From: Fax2Mail <fax-1841185@reply.fax2mail.com>
Sent: Tuesday, July 14, 2020 7:13 AM
To: Laourclaimfax Admin <laourclaimfax@chubb.com>
Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: bgenova
Sender's Caller ID: 18889772986
Date/Time: July 14, 2020 10:12:43 AM EDT
Number of Pages: 11

From: bgenova

18869772986

7/14/2020 07:04:23 PDT

Page 01 of 11

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.		<input type="checkbox"/> Resubmission - Change in Material Facts		
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019		Date of Birth (MM/DD/YYYY): 09/27/1978		
Claim Number: 040519008736		Employer: Biotelemetry, Inc		
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J.				
Practice Name: PRCMG		Contact Name: Bambam G.		
Address: 1335 Stanford Ave		City: Emeryville	State: CA	
Zip Code: 94608	Phone: 510-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6985		
Specialty: Pain Management		NPI Number: 1376837199		
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company		Contact Name: Castro, Mario		
Address: P.O. Box 42065		City: Phoenix	State: AZ	
Zip Code: 85080	Phone: 213-612-5378	Fax Number: 800-664-1765		
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.599, M50.10, G56.20	12 sessions of Acupuncture for the bilateral hands, wrists, and forearms	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS
Peer to Peer calls: Mon-Friday 3:30pm - 5pm PT. Please call (510) 647-5101 x0

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• Castro, Mario A

SENIOR CLAIM SPECIALIST, Available - Video Capable

2 Participants



Skype/Lync will be replaced by MS Teams by the end of Q3 2020. Begin using MS Teams for chat and file collaboration today.

8:59 AM

Monday, July 20, 2020

Hi Mario, On Jonathan Shockley/040519008736 request received on 7/14/2020 for Acupuncture x12 for the bilateral hands, wrists and forearms. Please advise if we should include Bilateral wrist and forearms in our review or send a deferral letter? Thank You

9:02 AM



review for it

Thanks

9:04 AM

Last message received on 07/20/2020 at 9:04 AM.

000071738154

Biotelemetry Inc

040519008736

Jonathan Shockley

Claimant Evaluation

Codes & Percentage

Indemnity

Medical

Claimant Evaluation - Jonathan Shockley

Summary

Investigation

Med/Disability

Rsv Analysis

Disposition

Claim Level Information

Claim File Status: Open
Date of Loss: 2/15/2019
Date Reported: 2/16/2019
Benefit State: California
SHI Exist: Yes
SIU Exist: No
Subrogation Exist: No
Compensability Denied: No
Date of Birth: 9/27/1978
Adjusted AWW: 956.63 USD
Weekly Comp Rate- TTD: 637.76 USD

Med/Disability

Injury Sustained:
Left and Right Hand

First Day of Lost Time:
Last Day Worked:
Returned to Work date:
Type of Duty Emp returned to:
MMI Date:

Disposition

Final Settlement:
Represented by Attorney No

Summary of Facts:

Snapshot

This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on

Action Plan:

Manage treatment with Dr. Jamasbi
Pay out retro benefits and manage ongoing new

Financial Summary

Claimant/Medical: 01-1 Jonathan Shockley / Medical
Loss Reserve: 56,709.00 USD
Loss Paid-to-Date: 12,532.00 USD
Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
Loss Reserve: 75,803.00 USD
Loss Paid-to-Date: 33,176.89 USD

Non-CVAC
Claim To Suit
Paperless File

Align Networks (Medical Ca
Biotelemetry Inc (Contact)
Briotix Health, LP (Other)
Carpe Data (Loss Payee)
Chubb & Son (Loss Payee)
Colantoni & Collins (Defens
Colantoni, Collins, Marren,
CorVel Corporation (Medica
Est (Other)

Claimant Evaluation - Jonathan Shockley

Summary

Investigation

Med/Disability

Rsv Analysis

Disposition

Injury Sustained:

Left and Right Hand

Defense IME:

Christian Charles Colantoni
Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street
Suite 1100

☐ Employee taken to Emergency Room within 24 hrs of injury

☐ Other medical treatment within 24 hours

Ovrd Inj Grp: <None>

Claimant IME:

Impairment Disability %: 0.00

Impairment % Basis Code: <None>

Farber & Co
333 Hegenberger Road, Suite 504
Oakland, CA 94621
510-444-2512


State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
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Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
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Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 07/14/2020 at 06:59 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.

The patient has a significant other.
The patient has no children.
Patient does not have a family history of childhood abuse.
Patient does not have a family history of sexual abuse.
Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

for bilateral hands, wrists, and forearms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located
Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 07/13/2020

Castro, Mario : 07/13/2020

Kweller, Esq., Zachary : 07/14/2020

Castro, Mario : 07/14/2020

UR, Chubb : 07/14/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 07/10/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan Shockley Date 07/14/2020Address 1000 Sutter St Room 123 San Francisco, CA 94109

Rx

**12 sessions of Acupuncture for the
bilateral hands, wrists, and forearms**

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

G56.20 Lesion of ulnar nerve, unspecified upper limb

Refill

☐ Do Not Substitute
M.D.☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshki, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

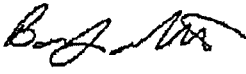
State of California, Division of Workers' Compensation
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Requesting Physician Information				
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Practice Name: PRCMG		Contact Name: Bembem G.		
Address: 1335 Stanford Ave		City: Emeryville	State: CA	
Zip Code: 94608	Phone: 510-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6965		
Specialty: Pain Management		NPI Number: 1376637199		
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company		Contact Name: Castro, Mario		
Address: P.O. Box 42065		City: Phoenix	State: AZ	
Zip Code: 85080	Phone: 213-612-5378	Fax Number: 800-664-1765		
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	Surgical Consult for the Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller	99205	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

 Requesting Physician Signature:		Date: 06/19/2020 at 11:10 AM(PT)
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jun 12, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Since his most recent visit, he has been approved for 12 additional sessions of acupuncture treatment. We also have Dr. Bathia's BUE EMG report from 2/10/20. Our request for surgical consult for the neck was denied and will be appealed.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does not request for refills today.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.
The patient has a significant other.
The patient has no children.
Patient does not have a family history of childhood abuse.
Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- G56.20 Lesion of ulnar nerve, unspecified upper limb

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

Plan:

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. We will request for surgical consult for the bilateral elbows today to address bilateral ulnar neuropathy, with Dr. Leonard Gordon.

- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.

- The patient has been approved for 12 additional sessions of acupuncture treatment. We will monitor his response.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections at this time. Our request for surgical consultation with Dr. Paul Slosar was denied and will be appealed.

-No medications refilled at this visit.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of

accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 06/19/2020
Castro, Mario : 06/19/2020
UR, Chubb : 06/19/2020


This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/18/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health.				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Bembem G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 x133		Fax Number: 510-647-5105 or 510-540-6965	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	Surgical Consult for the Neck- with Dr. Paul Slosar.	99205	
		12 sessions of acupuncture for bilateral arms.	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS
 Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 06/04/2020 at 07:30 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereski, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: May 29, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 **Age:** 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

TREATMENT PLAN:**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

Plan:

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Plagiis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 06/03/2020

Castro, Mario : 06/03/2020

Castro, Mario : 06/04/2020

UR, Chubb : 06/04/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

Pain and Rehabilitative Consultants Medical Group1335 Stanford Avenue
Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

09/27/1978

06/04/2020

Jonathan Shockley

Date

Name

1000 Sutter St Room 123

San Francisco, CA 94109

Address

R 12 sessions of Acupuncture for bilateral arms

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

Refill

☐ Do Not Substitute

M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshtki, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchamy, M.D.

DEA#: BP4661369 / LIC#: S5085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Esti, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aiken, P.A.

DEA#: MA4725353 / LIC#: 51677

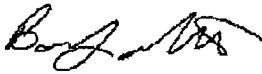
☐ Shohreh Semati, FNP-BC

DEA#: MS3103264 / LIC#: 18520

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Christian G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 ext 471		Fax Number: 510-647-5105	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1 REF: 1		
		Date of Visit: May 29, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 06/03/2020 at 03:59 PM(PT)	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: May 29, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

DIAGNOSIS:

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

Plan:

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.

-With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Plagiis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 06/03/2020

Castro, Mario : 06/03/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

Rodriguez, Crystal

From: Hulbert, Barbara A <bhulbert@chubb.com>
Sent: Tuesday, May 26, 2020 3:24 PM
To: GM-ORCA-Chubb UR
Subject: FW: Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client
Claim ID : 040519008736 DOI: 02/15/2019

Importance: High

Categories: RFA Deferral Letter - NEEDS TO BE COMPLETED

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: **bhulbert@chubb.com**

RE E script request for PENNSAID, please send Notice of Deferral letter to prescriber no RFA or medical report received re medication request

Thank you
Barb



Barbara Hulbert RN, CCM
Medication Management Specialist

Western Territory, Workers Compensation Claims
PO Box 42065 , Phoenix AZ 85027, USA
O 414 221 7610 F 800 664 1765
E bhulbert@chubb.com

Chubb. Insured.™

From: Rauen, Mary Beth
Sent: Thursday, May 21, 2020 6:53 AM
To: Hulbert, Barbara A <bhulbert@chubb.com>
Subject: FW: Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID : 040519008736 DOI: 02/15/2019

From: Turner, Shanovia S. (STL) [<mailto:STurner4@express-scripts.com>]
Sent: Thursday, May 21, 2020 4:55 AM
To: Rauen, Mary Beth <mrauen@chubb.com>
Cc: WCMP PA Folder <WCMPPAFolder@express-scripts.com>
Subject: [EXTERNAL] Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID : 040519008736 DOI: 02/15/2019

Hello,

The pharmacy is attempting to process a prescription(s) for the below claimant. We need your authorization before proceeding with adjudication:

The prescription is rejecting for the following reason(s):

=====

IW Name & PRN : JONATHAN SHOCKLEY XXXXX7160

Client Claim ID : 040519008736 DOI: 02/15/2019

Elig Status/Term Date: A 00/00/0000 Group: 1359

Reject Codes : 70 75 DRUG NOT ON FORMULARY

PHARMACY INFORMATION

=====

Pharmacy Name : WALGREENS #13666

NABP # : 563367

Address : 1300 BUSH ST

City, State & zip : SAN FRANCISCO,CA 94109

Phone # : 415-771-3303

RX REQUEST

=====

Date Service/Written: 05/20/2020 05/20/2020

Medication : PENNSAID Strength: 20MG/G(2%)

Type of medication : NSAID AGENTS Drug Type: SSB

Quantity : 112.000 # Refills: 00 Compound: N

Day's Supply : 15 AWP: 26.65089 Route Desc: TOPICAL

NDC # : 75987004005 GCN: 35936 GC3: Q5E

Prescriber DEA/NPI : FA6364551 1770970055 MED INDV: 0 CUM: 0

Name/Phone : KWON, MELISSA A (MD) 415-600-0140

Please respond by clicking "**Reply to All**" as soon as possible. If you have any questions, please contact myMatrixx at 1-800-945-5951.

Thank you,

myMatrixx®, an Express Scripts company

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000071738154
Biotelemetry Inc
08/05/2020 07:35
Jonathan Shockley
Claimant Evaluation
Codes & Percentages
Indemnity
Medical
Non-CVAC
Claim To Suit
Paperless File
Align Networks (Medical Co)
Biotelemetry Inc (Contact)
Bristol Health, LP (Other)
Came Data (Lost Payee)
Colantoni & Collins (Defense)
Colantoni, Collins, Marren,
CoVal Corporation (Medical
Em (Other)
Farber & Company Attorneys
Patented Trademark Attorney

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rev Analysis Disposition

Claim Level Information		Med/Disability
Claim File Status:	Open	Injury Sustained:
Date of Loss:	2/15/2019	Left and Right Hand
Date Reported:	2/16/2019	
Benefit State:	California	First Day of Lost Time:
SIH Exist:	Yes	Last Day Worked:
SIU Exist:	No	Returned to Work date:
Subrogation Exist:	No	Type of Duty Emp returned to:
Compensability	No	MMI Date:
Denied:		
Date of Birth:	9/27/1978	Disposition
Adjusted AWW:	956.63	Final Settlement:
Weekly Comp Rate - TTD:	637.75	Represented by Attorney No
Summary of Facts:		Financial Summary
This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on		Claimant/Medical: 01-1 Jonathan Shockley / Medical
Action Plan:		Loss Reserve: 0.00
Manage treatment with Dr. Jamesbi		Loss Paid-to-Date: 0.00
Pay out retro benefits and manage ongoing new benefits		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
Address Panel Qualified Medical Evaluation by Dr. Stotler		Loss Reserve: 0.00
		Loss Paid-to-Date: 0.00
		Last Payment
		Payee:

Claimant Evaluation - Jonathan Shockley

Summary Investigation Med/Disability Rev Analysis Disposition

Injury Sustained: Left and Right Hand

Defense IME: Christian Charles Colantoni, Colantoni, Collins, Marren, Phillips and Tulk, 201 Spear Street, Suite 1100

☐ Employee taken to Emergency Room within 24 hrs of injury

☐ Other medical treatment within 24 hours

Claimant IME: Farber & Co, 333 Hegenberger Road, Suite 504, Oakland, CA 94621, 510-444-2512

Impairment Disability %: 0.00

Impairment % Basis Code: <None>

Surgery? <None>

Represented By Attorney: No

Permanency:

Disability Analysis:

Pharmacy Card: ☒ Active ☐ Inactive Ex Pay: ☐ Active ☒ Inactive

Medical Status: Hand Center of San Francisco, Patrick O Lang MD, 601 Van Ness Ave. Ste. 2018, San Francisco, CA 94102

Co-Morbidity Factors: *None

Return to Work

Rodriguez, Crystal

From: Rauen, Mary Beth <mrauen@chubb.com>
Sent: Tuesday, April 28, 2020 8:43 AM
To: GM-ORCA-Chubb UR
Subject: Send deferral letter for no RFA (Notice of Deferred RFA letter) - 040519008736 Jonathan Shockley

Categories: RFA Deferral Letter - NEEDS TO BE COMPLETED

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The original sender of this email is: **mrauen@chubb.com**

Please send deferral letter for no RFA (Notice of Deferred RFA letter) for medication listed below

Claim #040519008736 Jonathan Shockley; Auth ID: 210053148
California Jurisdiction; Fill date: 4-24-2020 Retail; # of refills: 0

Lidocaine 5% / Rx #: 000000525543
Generic Available
NDC: 51672302002
DAW: 0
Qty: 60 / 30-day supply
Date Written: 04/24/20
Individual MED: 0
Cumulative MED: 0
Prescriber: JESSICA AIKIN
Phone: (650) 723-6469
DEA: MA3224069
NPI: 1033524384
Pharmacy: WALGREENS #13666
State: CA
Phone: (415) 771-3303
Fax: (415) 771-0113

CHUBB

Regards,
Mary Beth Rauen, RN - MMS
Medication Management Specialist, Claims

Worker Compensation, Western Claim Service Center
P.O. Box 42065, Phoenix, AZ 85027, USA
O: 312-529-6792 F. 800-664-1765
E: mrauen@chubb.com

ACE and Chubb are now one.

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900071738154
Biotelemetry Inc
040519008736
Jonathan Shockley
Claimant Evaluation
Codes & Percentage
Indemnity
Medical

Claimant Evaluation - Jonathan Shockley
Summary Investigation Med/Disability Rev Analysis Disposition

Claim Level Information	Med/Disability
Claim File Status: Open	Injury Sustained:
Date of Loss: 2/15/2019	Left and Right Hand
Date Reported: 2/16/2019	
Benefit State: California	First Day of Lost Time:
SHI Exist: Yes	Last Day Worked:
SIU Exist: No	Returned to Work date:
Subrogation Exist: No	Type of Duty Emp returned to:
Compensation Denied:	MMI Date:
Date of Birth: 9/27/1978	Disposition
Adjusted AWW: 956.63	Final Settlement:
Weekly Comp Rate: 637.76	Represented by Attorney No
TTD:	
Summary of Facts:	Snapshot
This claim involves a 40 years old right hand dominant electrocardiogram technician who alleges cumulative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019. Medical injured worker has been initially seen by Dr. Patrick O'Lang on	
Action Plan:	Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
Manage treatment with Dr. Jamashi	Loss Reserve: 0.00
Address Panel Qualified Medical Evaluation by Dr. Stoller	Loss Paid-to-Date: 0.00
Consider surveillance	Last Payment:
	Payee:

Non-CVAC
Claim To Suit
Paperless File
Allan Networks (Medical Ca
Biotelemetry Inc (Contact
Biotix Health, LP (Other)
Carpe Data (Loss Payee)
Colantoni & Collins (Delena
Colantoni, Collins, Marren,
CorVel Corporation (Medical
Est (Other)
Farber & Company Attorneys
Capital Protection Model

Claimant Evaluation - Jonathan Shockley
Summary Investigation Med/Disability Rev Analysis Disposition

Injury Sustained: Left and Right Hand

Defense IME: Christian Charles Colantoni
Colantoni, Collins, Marren, Phillips and Tulk
201 Spear Street
Suite 1100

☐ Employee taken to Emergency Room within 24 hrs of Injury
☐ Other medical treatment within 24 hours

Claimant IME: Farber & Co
333 Hegenberger Road, Suite 504
Oakland, CA 94621
510-444-2512

Impairment Disability % 0.00
Impairment % Basis Code: <None>

Surgery? <None>

Permanency:

Represented By Attorney: No

Disability Analysis:

Pharmacy Card: ☒ Active ☐ Inactive Ex Pay: ☐ Active ☒ Inactive

Medical Status: Hand Center of San Francisco
Patrick O Lang MD
601 Van Ness Ave. Ste. 2018
San Francisco, CA 94102

Co-Morbidity Factors: *None

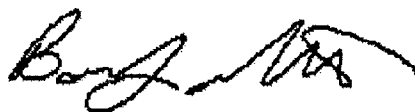
Return to Work

RTCM Savings

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health. <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request. <input type="checkbox"/> Resubmission – Change in Material Facts				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Lyka for Christian	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 ext 471		Fax Number: 510-647-5105	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00 REF: 1 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00		
		Date of Visit: Apr 24, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
				Date: 04/27/2020 at 04:30 PM(PT)
Requesting Physician Signature:				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (If assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Apr 24, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". he continues to report numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He was approved for acupuncture treatment, he has had around 3 sessions so far.

He had a cervical MRI, we do have this for review. EMG was done at his QME evaluation, we do not have this report.

With regard to medications, he does report improvement with topical medications. He denies side effects with Lidocaine cream and voltaren gel. He requests for refills today.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.
The patient has a significant other.
The patient has no children.

Patient does not have a family history of childhood abuse.
Patient does not have a family history of sexual abuse.
Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:
Upright spinal posture

Motor:
Patient is able to stand up from a chair unassisted.
Gait is narrow based and steady.

UE/LE muscle strength:
Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

- 1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00. REF: 1
- 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working.

Plan:

- He has been approved for additional acupuncture therapy, he has had around 3 session so far. He has discontinued massage therapy due to increased in pain.

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG at that evaluation, we will work on obtaining a copy of this report.

- MRI of the cervical spine from 4/3/20 was reviewed today with the patient. This shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral NF stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient will take some time to think about this and we will consider requesting at subsequent follow up visits.

-With regard to medication, we have prescribed Voltaren gel and 5% lidocaine ointment. Will consider trial of neuropathic medications in the future, the patient prefers topical medications at this time.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct contact via telemedicine with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under

penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.
*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an ABD such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 04/27/2020

Castro, Mario : 04/27/2020

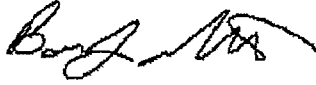
This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 04/27/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Bembem G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 x133		Fax Number: 510-647-5105 or 510-540-6965	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm	M70.832, M70.831, M70.822, M70.821, Z79.899	Cervical Spine MRI without contrast	72141	
Other soft tissue disorders related to use, overuse and pressure, right forearm				
Other soft tissue disorders related to use, overuse and pressure, left upper arm				
Other soft tissue disorders related to use, overuse and pressure, right upper arm				

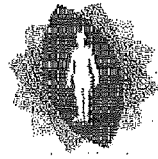
Treatment must be paid under the California OMFS
Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 04/01/2020 at 11:18 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)		
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

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1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Mar 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R->L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He was approved for 12 more sessions but the facility is currently closed due to COVID 19. He will begin this when it is safe to proceed.

Patient states that he attended 2/6 sessions of massage therapy but this caused a significant increase in pain. He did stop attending these for this reason.

We do have the patient's QME report from Dr. Stoller to review today. Per the patient, he already underwent the recommended upper extremity EMG and some MRIs of his wrists.

Patient has been using Voltaren gel for topical relief of his symptoms. However, he recently trialed lidocaine ointment instead and found this to be far more effective than Voltaren gel. He inquires about a prescription for this.

OBJECTIVE FINDINGS:**Constitutional - General Appearance:**

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

1. Voltaren 1% Gel Apply 2-3 grams to affected area up to 4 times daily update amount
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Cervical Spine MRI without contrast (72141).

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

Changed/Discontinued Medication(s):

Discontinued: VOLTAREN 1% GEL - patient had better benefit from lidocaine

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

He has been approved for additional acupuncture therapy, but this is on hold due to COVID 19. He has discontinued massage therapy due to increased in pain.

We reviewed his QME with Dr. Stoller today. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG done and we will try to obtain this report. He has not heard anything regarding the cervical MRI therefore we will request for this today. Pending the results, we will discuss the potential for epidural injections vs conservative treatment.

We will trial the patient on 5% lidocaine ointment today and monitor his progress.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment

recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

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If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative

Consultants Medical Group.

JUSTIFICATION:

MRIs - Cervical Spine Part 1: Following has been recommended by the MTUS/ACOEM Guidelines regarding Magnetic Resonance Imaging of the cervical spine

Magnetic resonance imaging (MRI) is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater ability to distinguish soft tissues.(340-343) Thus, MRI is recommended to assess potential nerve root or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, and if no contraindications to MRI exist. Computerized tomography (CT) remains an important analytical tool especially for evaluating bony or calcified structures.(340, 341, 344, 345) MRI may also be useful in the acute trauma setting to evaluate for soft tissue injury in non-communicative patients with a high pre-test probability of significant injury that would need intervention.(340, 344, 345) MRI also can determine if a fracture seen on x-ray is recent (still has marrow edema) or remote (healed and without marrow edema).

MRI for Diagnosing Red Flag Conditions

Recommended. MRI is recommended for patients with:

1. Acute cervical pain with progressive neurologic deficit;
2. Significant trauma with no improvement in significantly painful or debilitating symptoms;
3. A history of neoplasia (cancer);
4. Multiple neurological abnormalities that span more than one neurological root level;(340, 344-347)
5. Previous neck surgery with increasing neurologic symptoms;
6. Fever with severe cervical pain; or
7. Symptoms or signs of myelopathy.

Strength of Evidence – Recommended, Evidence (C)

Level of Confidence – High

Benefits: Diagnosis of a surgically treatable condition or otherwise latent medical condition(s).

Harms: Medicalization or worsening of otherwise benign spine condition.

Rationale: MRI has been evaluated in quality studies (see evidence table); however, most cases of cervicothoracic pain and radicular pain syndromes spontaneously resolve and require no imaging.(349-351) The sensitivity and specificity of MRI or CT are difficult to define as they require a “gold standard” that is difficult to define in spine pain since the final diagnosis often is based on the same imaging modality being tested. Therefore, these clinical studies may be prone to incorporation bias, artificially inflating the sensitivity and specificity with some assuming MRI has 100% sensitivity and specificity. Multiple case series have been reported in patients with acute cervicothoracic trauma with neurologic deficits. A retrospective review evaluated MR and

CT scans in 113 acute spine trauma patients. The study reported on a total of 166 lesions found on MRI and CT scan. MRI was reported to be superior to CT scan in finding soft tissue injury, ligamentous injury, high-grade stenosis, and spinal cord injuries.(347) A case series evaluated MRI and CT scans in 14 spinal trauma patients. They reported that CT missed 3 epidural hemorrhages (100%) found on MRI, and CT missed 3 of 5 (60%) intervertebral disc injuries found on MRI.(345) It has been shown that MRI is superior to CT scan and x-ray at identifying spinal cord injury and other soft tissue injuries.(340, 344-347, 352, 353)

A study evaluating 52 cervical radiculopathy patients with or without myelopathy reported that MRI was in agreement with the surgical findings 74% of the time. When MRI and CT myelography were conducted on the same patient, the radiographic diagnosis was in agreement with the surgical diagnosis 90% of the time.(343)

A study with 497 asymptomatic patients was conducted. An overall increase of MRI findings related to age ($p < 0.0001$) was reported. Grade 1 or Grade 2 disc degeneration was found in 17% of the discs in asymptomatic men and 12% of the discs in asymptomatic women in their twenties rising to 86% and 89%, respectively, in subjects over 60 years of age.(354) A study evaluated MRI findings in a cohort of high school students with or without cervicothoracic pain. They initially surveyed students about symptoms while they were in high school. Seven years after the first survey was completed another survey was done. The participants with cervicothoracic and shoulder pain on both occasions but without significant changes over the years were chosen as the symptomatic group.

Participants without cervicothoracic or shoulder pain at both survey times were the asymptomatic group. Participants had an MRI done at the end of the 7 years follow-up. Pathological changes of the cervical spine seen with MRI in 24 to 27 years old were reported to be equally common in the symptomatic and asymptomatic groups; 20 degenerated discs in the symptomatic group (SG) and 26 in the asymptomatic group (AG); 14 annular tears in the SG, 18 in the AG; 18 disc protrusions in the SG, and 29 in the AG. Disc herniations were the only finding more prevalent in the symptomatic group, 4 in the symptomatic group and 0 in the asymptomatic group.(355).

A prospective study evaluated MRI scans in acute whiplash patients at baseline and after 3 months. Each patient was involved in a RCT evaluating immobilization, active mobilization and advice to act as usual. The initial MRIs were performed on 178 patients and follow up MRIs on 82 (46.1%) patients. The most frequent finding was pre-existing degeneration 139/178 (78%). Bulges or protrusions of one or more discs were present in 35/178 (20%) of the participants. It was determined that 7 had findings on MRI that were "traumatic" in nature (paravertebral bleeding/edema, prevertebral bleeding/edema, edema in the spinal cord, or "traumatic" disc protrusion or bulge). The authors concluded that MRI is not the answer to a diagnosis in the vast majority of patients developing long-lasting pain after a whiplash injury, and early MRI scans do not predict prognosis.(356) Others have reported evidence of fatty infiltrates in the craniocervical flexors being statistically higher on MRI in those with chronic whiplash disorders.(353) However, a prospective, 10-year study has reported MRI findings do not explain persistent symptoms.(357)

Another study evaluated MRI findings in relation to the transverse ligaments of the atlas (alar ligaments). The study evaluated 92 whiplash-injured patients diagnosed as Grade 2 whiplash patients and 30 uninjured individuals who underwent proton density-weighted MRI of the craniovertebral junction at least 2 years after the injury. Twenty out of 117 (17.1%) had Grade 2 or 3 posterior atlanto-occipital membrane lesions. No Grade 3 lesions and only one Grade 2 lesion was found in the uninjured individuals. However, no clinical correlation was made in regard to prognosis or symptoms based in the MRI findings.(358) In another study using the same populations it was reported that the transverse ligament was classified as abnormal in 64% in the injured group and 27% of the uninjured group.(358) The authors failed to explain why the alar ligament should show signs of acute injury (increased signal) 2 to 9 years after the whiplash event in spines that are not clinically unstable. Other investigators did not find MRI evaluation of the alar ligaments clinically helpful due to the high prevalence of "abnormalities" in normal people.(359, 360)

There is no quality evidence for use of MRI within the first 6 weeks of symptom onset. However, rare cases are thought to need MRI and emergent/urgent surgery (see below).(343) Patients presenting with a mild single nerve root deficit, such as an absent deep tendon reflex, should not have early MRI, as their condition usually resolves spontaneously; thus, the test does not alter the course of treatment. Those who have a documented neurologic status that then objectively deteriorates (particularly a significant increase in weakness or an increased loss of sensation compared with the prior examination) and those with a history of cancer with symptoms suggesting atypical radicular presentation do have an indication for early imaging with MRI.

In the absence of red flags suggesting fracture or serious systemic illness, imaging before 6 weeks produces no clear health outcomes benefit.(355, 356, 361-364) Early imaging would be expected to result in higher overall costs and increased morbidity through the performance of some unnecessary procedures and/or surgeries. Disc degeneration, disc bulging, and endplate changes on MRI have been shown to either not correlate at all or correlate poorly with clinical outcomes, suggesting that MRI is not useful for most patients.(340, 341, 354-356) Patients should be a priori informed that their MRI is highly unlikely to be "normal" as few patients have a normal MRI(354), and there is a considerable rate of resolution of herniations over 6 weeks after an initial MRI documented in the lumbar spine (see Low Back Disorders guideline). A patient handout describing the prevalence of "abnormal findings" on MRI of asymptomatic individuals is helpful. Physicians lacking the time or knowledge to explain these facts to patients should avoid ordering MRIs. The discovery of degenerative changes or clinically irrelevant disc herniations in many patients may cause them to focus on the need to "fix" MRI changes that are actually normal for their age or are asymptomatic findings.(354) This may also become a rationale for avoiding participation in the therapeutic activities that promote functional recovery. In addition, lack of understanding of the strengths, indications, and limitations of a technology preclude adequate clinical interpretation of the results. In those cases, consultation with a physician experienced in treating musculoskeletal disorders may be helpful. A prospective, observational study using MRI preoperatively to predict postoperative recovery in 57 cervical spondylotic myelopathy (CSM) patients found MRI beneficial in predicting outcomes. The study found those with high T2SI and spinal cord failure were found to predict poorer recovery. Patients with low T1SI were predictive of greater impairment, and those with

focal T2SI made more significant improvements in walking. However, the evidence of prognostic power for CSM patients is inconsistent.(365)

Open MRIs have lower ability to discern soft tissue without lower costs and are not recommended other than in circumstances where the patient is either morbidly obese and exceeds the closed MRI unit's weight specifications, or suffers from claustrophobia that is not alleviated with a low-dose anxiolytic administered prior to the procedure.

MRI is minimally invasive even when contrast is used, has few adverse effects, but is high cost. MRI changes treatment if it detects unrecognized fracture, systemic disease, or a spinal condition for which surgery is the recommended treatment.

Evidence: There are 3 high-quality studies (341, 366, 367) and 15 moderate-quality studies (340, 343-347, 352, 354-356, 358, 368-371) incorporated into this analysis.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: magnetic resonance imaging, MRI, MRI scan, cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniated*, displacement, displacements, displaced, disk, disc, discs, discs, pain, diagnostic, efficacy, efficiency, sensitivity, specificity, predictive value of tests, positive predictive value and negative predictive value. In PubMed, we found and reviewed 2,442 articles, and considered 8 for inclusion. In Scopus, we found and reviewed 186 articles, and considered 1 for inclusion. In CINAHL, we found and reviewed 68 articles, and considered zero for inclusion. In Cochrane Library, we found and reviewed 78 articles, and considered zero for inclusion. We also considered for inclusion 11 articles from other sources. Of the 25 articles considered for inclusion, 17 studies and 8 systematic studies met the inclusion criteria.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are

generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq, 2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2005) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/31/2020

Castro, Mario : 03/31/2020

Kweller, Esq., Zachary : 04/01/2020

Castro, Mario : 04/01/2020

UR, Chubb : 04/01/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/25/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue
Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Jonathan Shockley

Date

04/01/2020

Name

1000 Sutter St Room 123

San Francisco, CA 94109

Address

Rx

Cervical Spine MRI without contrast

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

Refill

☐ Do Not Substitute

M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereski, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estlin, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3103264 / LIC#: 18520

POS Reorder # 1916761

From: Rauen, Mary Beth <mrauen@chubb.com>
Sent: Wednesday, April 1, 2020 3:56 PM
To: Aviles, Carolina <caviles@chubb.com>
Subject: 040519008736 Jonathan Shockley - [CA UR]

Attention CorVel UR:

(UR Email: ChubbTX_PreAuth@Corvel.com)

- Request for UR (utilization review) of requested medication

CHUBB has received a request for a medication to be filled through Express Scripts. This medication has not yet been filled and is pending UR.

Claimant: Jonathan Shockley

Claim number: 040519008736

Medication requested: Lidocaine 5% Topical, qty. 60, 30 day supply, (0) refill

Provider listed: Julia M. Fellows Ph. 510-647-5101

Medical note with RFA attached. Yes X No

Below is a copy of the myMatrixx/Express Scripts medication prescription request to be processed for fill.

The assigned Worker Compensation Claim Owner is: Mario Castro Ph. 213-612-5378 / Email: Mario.Castro@Chubb.com

=====

The prescription is rejecting for the following reason(s):

=====

IW Name & PRN : JONATHAN SHOCKLEY XXXXX7160
Client Claim ID : 040519008736 DOI: 02/15/2019
Elig Status/Term Date: A 00/00/0000 Group: 1359
Reject Codes : 75 PRIOR AUTHORIZATION REQUIRED
PHARMACY INFORMATION

=====

Pharmacy Name : WALGREENS #13666
NABP # : 563367
Address : 1300 BUSH ST
City, State & zip : SAN FRANCISCO,CA 94109
Phone # : 415-771-3303
RX REQUEST

=====

Date Service/Written: 03/25/2020 03/25/2020
Medication : LIDOCAINE Strength: 5 %
Type of medication : ANTIPURITICS/LOCAL ANESTH Drug Type: Generic
Quantity : 60.000 # Refills: 00 Compound: N
Day's Supply : 30 AWP: 7.61867 Route Desc: TOPICAL
NDC # : 51672302002 GCN: 30750 GC3: Q5H
Prescriber DEA/NPI : MF4602288 1568970838 MED INDV: 0 CUM: 0
Name/Phone : FELLOWS, JULIA, M 510-647-5101

CHUBB

Regards,
Mary Beth Rauen, RN - MMS
Medication Management Specialist, Worker Compensation, Claims

Western Claim Service Center
P.O. Box 42065, Phoenix, AZ 85027, USA
O 312.529.6792 F 800.664.1765
E mrauen@chubb.com

Chubb. Insured.™

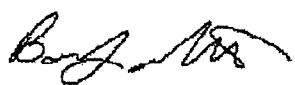
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State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Christian G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 ext 471		Fax Number: 510-647-5105	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00		
		Date of Visit: Mar 25, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 03/31/2020 at 10:02 AM(PT)	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zerehsaki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Mar 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R->L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He was approved for 12 more sessions but the facility is currently closed due to COVID 19. He will begin this when it is safe to proceed.

Patient states that he attended 2/6 sessions of massage therapy but this caused a significant increase in pain. He did stop attending these for this reason.

We do have the patient's QME report from Dr. Stoller to review today. Per the patient, he already underwent the recommended upper extremity EMG and some MRIs of his wrists.

Patient has been using Voltaren gel for topical relief of his symptoms. However, he recently trialed lidocaine ointment instead and found this to be far more effective than Voltaren gel. He inquires about a prescription for this.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

1. Voltaren 1% Gel Apply 2-3 grams to affected area up to 4 times daily update amount
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Cervical Spine MRI without contrast (72141).

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

Changed/Discontinued Medication(s):

Discontinued: VOLTAREN 1% GEL - patient had better benefit from lidocaine

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

He has been approved for additional acupuncture therapy, but this is on hold due to COVID 19. He has discontinued massage therapy due to increased in pain.

We reviewed his QME with Dr. Stoller today. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG done and we will try to obtain this report. He has not heard anything regarding the cervical MRI therefore we will request for this today. Pending the results, we will discuss the potential for epidural injections vs conservative treatment.

We will trial the patient on 5% lidocaine ointment today and monitor his progress.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment

recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative

Consultants Medical Group.

JUSTIFICATION:

MRIs - Cervical Spine Part 1: Following has been recommended by the MTUS/ACOEM Guidelines regarding Magnetic Resonance Imaging of the cervical spine

Magnetic resonance imaging (MRI) is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater ability to distinguish soft tissues.(340-343) Thus, MRI is recommended to assess potential nerve root or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, and if no contraindications to MRI exist. Computerized tomography (CT) remains an important analytical tool especially for evaluating bony or calcified structures.(340, 341, 344, 345) MRI may also be useful in the acute trauma setting to evaluate for soft tissue injury in non-communicative patients with a high pre-test probability of significant injury that would need intervention.(340, 344, 345) MRI also can determine if a fracture seen on x-ray is recent (still has marrow edema) or remote (healed and without marrow edema).

MRI for Diagnosing Red Flag Conditions

Recommended. MRI is recommended for patients with:

1. Acute cervical pain with progressive neurologic deficit;
2. Significant trauma with no improvement in significantly painful or debilitating symptoms;
3. A history of neoplasia (cancer);
4. Multiple neurological abnormalities that span more than one neurological root level;(340, 344-347)
5. Previous neck surgery with increasing neurologic symptoms;
6. Fever with severe cervical pain; or
7. Symptoms or signs of myelopathy.

Strength of Evidence – Recommended, Evidence (C)

Level of Confidence – High

Benefits: Diagnosis of a surgically treatable condition or otherwise latent medical condition(s).

Harms: Medicalization or worsening of otherwise benign spine condition.

Rationale: MRI has been evaluated in quality studies (see evidence table); however, most cases of cervicothoracic pain and radicular pain syndromes spontaneously resolve and require no imaging.(349-351) The sensitivity and specificity of MRI or CT are difficult to define as they require a “gold standard” that is difficult to define in spine pain since the final diagnosis often is based on the same imaging modality being tested. Therefore, these clinical studies may be prone to incorporation bias, artificially inflating the sensitivity and specificity with some assuming MRI has 100% sensitivity and specificity. Multiple case series have been reported in patients with acute cervicothoracic trauma with neurologic deficits. A retrospective review evaluated MR and

CT scans in 113 acute spine trauma patients. The study reported on a total of 166 lesions found on MRI and CT scan. MRI was reported to be superior to CT scan in finding soft tissue injury, ligamentous injury, high-grade stenosis, and spinal cord injuries.(347) A case series evaluated MRI and CT scans in 14 spinal trauma patients. They reported that CT missed 3 epidural hemorrhages (100%) found on MRI, and CT missed 3 of 5 (60%) intervertebral disc injuries found on MRI.(345) It has been shown that MRI is superior to CT scan and x-ray at identifying spinal cord injury and other soft tissue injuries.(340, 344-347, 352, 353)

A study evaluating 52 cervical radiculopathy patients with or without myelopathy reported that MRI was in agreement with the surgical findings 74% of the time. When MRI and CT myelography were conducted on the same patient, the radiographic diagnosis was in agreement with the surgical diagnosis 90% of the time.(343)

A study with 497 asymptomatic patients was conducted. An overall increase of MRI findings related to age ($p < 0.0001$) was reported. Grade 1 or Grade 2 disc degeneration was found in 17% of the discs in asymptomatic men and 12% of the discs in asymptomatic women in their twenties rising to 86% and 89%, respectively, in subjects over 60 years of age.(354) A study evaluated MRI findings in a cohort of high school students with or without cervicothoracic pain. They initially surveyed students about symptoms while they were in high school. Seven years after the first survey was completed another survey was done. The participants with cervicothoracic and shoulder pain on both occasions but without significant changes over the years were chosen as the symptomatic group.

Participants without cervicothoracic or shoulder pain at both survey times were the asymptomatic group. Participants had an MRI done at the end of the 7 years follow-up. Pathological changes of the cervical spine seen with MRI in 24 to 27 years old were reported to be equally common in the symptomatic and asymptomatic groups; 20 degenerated discs in the symptomatic group (SG) and 26 in the asymptomatic group (AG); 14 annular tears in the SG, 18 in the AG; 18 disc protrusions in the SG, and 29 in the AG. Disc herniations were the only finding more prevalent in the symptomatic group, 4 in the symptomatic group and 0 in the asymptomatic group.(355).

A prospective study evaluated MRI scans in acute whiplash patients at baseline and after 3 months. Each patient was involved in a RCT evaluating immobilization, active mobilization and advice to act as usual. The initial MRIs were performed on 178 patients and follow up MRIs on 82 (46.1%) patients. The most frequent finding was pre-existing degeneration 139/178 (78%). Bulges or protrusions of one or more discs were present in 35/178 (20%) of the participants. It was determined that 7 had findings on MRI that were "traumatic" in nature (paravertebral bleeding/edema, prevertebral bleeding/edema, edema in the spinal cord, or "traumatic" disc protrusion or bulge). The authors concluded that MRI is not the answer to a diagnosis in the vast majority of patients developing long-lasting pain after a whiplash injury, and early MRI scans do not predict prognosis.(356) Others have reported evidence of fatty infiltrates in the craniocervical flexors being statistically higher on MRI in those with chronic whiplash disorders.(353) However, a prospective, 10-year study has reported MRI findings do not explain persistent symptoms.(357)

Another study evaluated MRI findings in relation to the transverse ligaments of the atlas (alar ligaments). The study evaluated 92 whiplash-injured patients diagnosed as Grade 2 whiplash patients and 30 uninjured individuals who underwent proton density-weighted MRI of the craniovertebral junction at least 2 years after the injury. Twenty out of 117 (17.1%) had Grade 2 or 3 posterior atlanto-occipital membrane lesions. No Grade 3 lesions and only one Grade 2 lesion was found in the uninjured individuals. However, no clinical correlation was made in regard to prognosis or symptoms based in the MRI findings.(358) In another study using the same populations it was reported that the transverse ligament was classified as abnormal in 64% in the injured group and 27% of the uninjured group.(358) The authors failed to explain why the alar ligament should show signs of acute injury (increased signal) 2 to 9 years after the whiplash event in spines that are not clinically unstable. Other investigators did not find MRI evaluation of the alar ligaments clinically helpful due to the high prevalence of "abnormalities" in normal people.(359, 360)

There is no quality evidence for use of MRI within the first 6 weeks of symptom onset. However, rare cases are thought to need MRI and emergent/urgent surgery (see below).(343) Patients presenting with a mild single nerve root deficit, such as an absent deep tendon reflex, should not have early MRI, as their condition usually resolves spontaneously; thus, the test does not alter the course of treatment. Those who have a documented neurologic status that then objectively deteriorates (particularly a significant increase in weakness or an increased loss of sensation compared with the prior examination) and those with a history of cancer with symptoms suggesting atypical radicular presentation do have an indication for early imaging with MRI.

In the absence of red flags suggesting fracture or serious systemic illness, imaging before 6 weeks produces no clear health outcomes benefit.(355, 356, 361-364) Early imaging would be expected to result in higher overall costs and increased morbidity through the performance of some unnecessary procedures and/or surgeries. Disc degeneration, disc bulging, and endplate changes on MRI have been shown to either not correlate at all or correlate poorly with clinical outcomes, suggesting that MRI is not useful for most patients.(340, 341, 354-356) Patients should be a priori informed that their MRI is highly unlikely to be "normal" as few patients have a normal MRI(354), and there is a considerable rate of resolution of herniations over 6 weeks after an initial MRI documented in the lumbar spine (see Low Back Disorders guideline). A patient handout describing the prevalence of "abnormal findings" on MRI of asymptomatic individuals is helpful. Physicians lacking the time or knowledge to explain these facts to patients should avoid ordering MRIs. The discovery of degenerative changes or clinically irrelevant disc herniations in many patients may cause them to focus on the need to "fix" MRI changes that are actually normal for their age or are asymptomatic findings.(354) This may also become a rationale for avoiding participation in the therapeutic activities that promote functional recovery. In addition, lack of understanding of the strengths, indications, and limitations of a technology preclude adequate clinical interpretation of the results. In those cases, consultation with a physician experienced in treating musculoskeletal disorders may be helpful. A prospective, observational study using MRI preoperatively to predict postoperative recovery in 57 cervical spondylotic myelopathy (CSM) patients found MRI beneficial in predicting outcomes. The study found those with high T2SI and spinal cord failure were found to predict poorer recovery. Patients with low T1SI were predictive of greater impairment, and those with

focal T2SI made more significant improvements in walking. However, the evidence of prognostic power for CSM patients is inconsistent.(365)

Open MRIs have lower ability to discern soft tissue without lower costs and are not recommended other than in circumstances where the patient is either morbidly obese and exceeds the closed MRI unit's weight specifications, or suffers from claustrophobia that is not alleviated with a low-dose anxiolytic administered prior to the procedure.

MRI is minimally invasive even when contrast is used, has few adverse effects, but is high cost. MRI changes treatment if it detects unrecognized fracture, systemic disease, or a spinal condition for which surgery is the recommended treatment.

Evidence: There are 3 high-quality studies (341, 366, 367) and 15 moderate-quality studies (340, 343-347, 352, 354-356, 358, 368-371) incorporated into this analysis.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: magnetic resonance imaging, MRI, MRI scan, cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniated*, displacement, displacements, displaced, disk, disc, discs, discs, pain, diagnostic, efficacy, efficiency, sensitivity, specificity, predictive value of tests, positive predictive value and negative predictive value. In PubMed, we found and reviewed 2,442 articles, and considered 8 for inclusion. In Scopus, we found and reviewed 186 articles, and considered 1 for inclusion. In CINAHL, we found and reviewed 68 articles, and considered zero for inclusion. In Cochrane Library, we found and reviewed 78 articles, and considered zero for inclusion. We also considered for inclusion 11 articles from other sources. Of the 25 articles considered for inclusion, 17 studies and 8 systematic studies met the inclusion criteria.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are

generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khanq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/31/2020

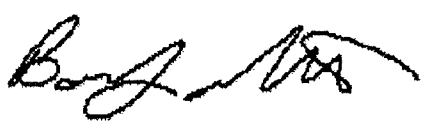
Castro, Mario : 03/31/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/25/2020

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health.				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Christian G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 ext 471		Fax Number: 510-647-5105	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00 REF: 1 update amount		
		Date of Visit: Feb 26, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 03/04/2020 at 12:24 PM(PT)	
			Requesting Physician Signature:	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

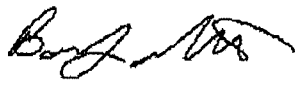
CC:
UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health.				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Bembem G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 x133		Fax Number: 510-647-5105 or 510-540-6965	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	12 sessions of Acupuncture for the Bilateral hands, wrists and forearms	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS
Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 03/04/2020 at 07:33 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:
UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Feb 26, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist.

The patient states that he underwent a MRI and upper extremity EMG through his QME 3 weeks ago. We do not have this report for review.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE;

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

12 sessions of acupuncture 97813, 97814, 97026, 97124 Bilateral hands, wrists and forearms.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update amount

Changed/Discontinued Medication(s):

Changed: VOLTAREN 1% GEL - update amount

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

We will request for 6 additional sessions of acupuncture today.

He underwent a QME on Jan 23, 2020 and the patient had a MRI and EMG through this QME. We will review this when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under

fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Acupuncture

Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs.(790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to contact time bias found minimal differences between acupuncture and nocturnal wrist splinting.(781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis.(781, 792-794) There are 3 low-quality RCTs in Appendix 2.(795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and

Cochrane Library without date limits using the following terms: Acupuncture, Acupuncture Therapy, carpal tunnel syndrome, CTS, median nerve neuropathy, median neuropathy, median nerve disease, entrapment, neuropathy, nerve compression, burning, itching, numbness, tingling, wrist, hand, palm, finger, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random,* randomized, randomization, randomly; systematic, systematic review, retrospective studies, and prospective studies. We found and reviewed 40 articles in PubMed, 411 in Scopus, 83 in CINAHL, 46 in Cochrane Library and 0 in other sources. We considered for inclusion 7 from Pub.Med, 2 from Scopus, 0 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 9 articles considered for inclusion, 8 randomized trials and 2 systematic studies met the inclusion criteria.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to

prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

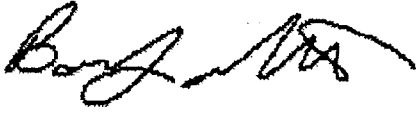
Kweller, Esq., Zachary : 03/04/2020
Castro, Mario : 03/04/2020
UR, Chubb : 03/04/2020
Kweller, Esq., Zachary : 03/04/2020
Castro, Mario : 03/04/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/02/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Christian G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 ext 471		Fax Number: 510-647-5105	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		
		Date of Visit: Jan 10, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 02/03/2020 at 11:01 AM(PT)	
Requesting Physician Signature:				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169

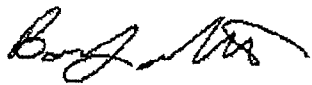
State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shockley, Jonathan				
Date of Injury (MM/DD/YYYY): 02/15/2019			Date of Birth (MM/DD/YYYY): 09/27/1978	
Claim Number: 040519008736			Employer: Biotelemetry, Inc	
Requesting Physician Information				
Name: Dr. Jamasbi, Babak J,				
Practice Name: PRCMG			Contact Name: Bembem G.	
Address: 1335 Stanford Ave			City: Emeryville	State: CA
Zip Code: 94608	Phone: 510-647-5101 x133		Fax Number: 510-647-5105 or 510-540-6965	
Specialty: Pain Management			NPI Number: 1376637199	
E-mail Address:				
Claims Administrator Information				
Company Name: Chubb Son of Federal Ins Company			Contact Name: Castro, Mario	
Address: P.O. Box 42065			City: Phoenix	State: AZ
Zip Code: 85080	Phone: 213-612-5378		Fax Number: 800-664-1765	
E-mail Address:				
Requested Treatment (see instructions for guidance, attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm	M70.832, M70.831, M70.822, M70.821, Z79.899	6 sessions of Massage Therapy for the bilateral upper extremities	97124	
Other soft tissue disorders related to use, overuse and pressure, right forearm				
Other soft tissue disorders related to use, overuse and pressure, left upper arm				
Other soft tissue disorders related to use, overuse and pressure, right upper arm				

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 02/03/2020 at 07:54 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)		
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169

Nurse Case Manager (if applicable):



Pain & Rehabilitative **CONSULTANTS MEDICAL GROUP**

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereski, MD | Neil Kamdar, MD | John Alchemy, MD
1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jan 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 **Age:** 41 Year 3 Month 1 Week

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

Patient denies acute changes to his pain complaints. He continues to report bilateral hand and arm pain, right greater than left. Occasionally pain radiates up from his hands into his bilateral

forearms and up towards his neck. Pain is worse with repetitive use of his upper extremities, typing, or computer work. Pain is better with conservative treatment.

He reports improvement with acupuncture treatment, he has recently been approved for 6 additional sessions. With regard to massage therapy, he reports that this did not really help as the practitioner was only able to focus on his hands, while it's really his whole arms that are painful to him. He would be interested in continuing with this treatment if it were to include both arms rather than just both hands.

With regard to medication, he reports improvement with the use of Voltaren gel. He denies side effects with the use of this medication. He requests for a refill today.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.
The patient has a significant other.
The patient has no children.
Patient does not have a family history of childhood abuse.
Patient does not have a family history of sexual abuse.
Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.
LUE:
Arm Abduction 5/5
Forearm Flexion 5/5
Forearm Extension 5/5
Wrist Extension 5/5
Thumb Apposition 5/5
Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Massage Therapy (97124)- for the bilateral upper extremities.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

He is off work at this time.

Plan:

- He has been approved for 6 additional sessions of acupuncture treatment, we will monitor his response to this.
- We will request for 6 sessions of massage therapy for his bilateral arms, rather than just his bilateral hands.
- If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated. He continues to be off work.
- Voltaren gel refilled today.
- He is scheduled for QME on Jan 23, 2020. We will review this report when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

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*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

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CC:

Kweller, Esq., Zachary : 02/03/2020

Castro, Mario : 02/03/2020

UR, Chubb : 02/03/2020

Kweller, Esq., Zachary : 02/03/2020

Castro, Mario : 02/03/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 01/31/2020

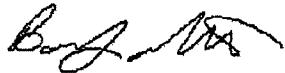
State of California, Division of Workers' Compensation
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DWC Form RFA

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Practice Name: PRCMG		Contact Name: Bembem G.		
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Zip Code: 94608	Phone: 510-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6965		
Specialty: Pain Management		NPI Number: 1376637199		
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List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	EMG of the Bilateral Upper Extremities to be performed at Pain & Rehabilitative Consultants Medical Group	95913; 95886	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 01/22/2020 at 07:58 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)		
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:
UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereski, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Jan 15, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 **Age:** 41 Year 3 Month 2 Week

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

He presents for an early follow up today due to a flare up of pain. He reports increased pain,

R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, he has recently been approved for 6 additional sessions. With regard to massage therapy, he reports that this did not really help as the practitioner was only able to focus on his hands, while it's really his whole arms that are painful to him. He would be interested in continuing with this treatment if it were to include both arms rather than just both hands.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.

3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:**Constitutional - General Appearance:**

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5
Forearm Flexion 5/5
Forearm Extension 5/5
Wrist Extension 5/5
Thumb Apposition 5/5
Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.
No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

EMG of the Bilateral Upper Extremities to be performed at Pain & Rehabilitative Consultants Medical Group 95913; 95886.

DIAGNOSIS:

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

TREATMENT PLAN:Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

He presents due to an acute increase in his upper extremity symptoms.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow. He has never had an EMG of the upper extremities to assess for ulnar or median neuropathy before. At this time, given that his symptoms have persisted for greater than 6 months and responded only minimally to conservative treatment, we will request for an EMG at this time. Pending the results, we may consider a referral to a specialist.

He has been approved for 6 more acupuncture sessions and will scheduled these.

He is scheduled for QME on Jan 23, 2020. We will review this report when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

EMGs - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding EMGs

Electrodiagnostic Studies to Evaluate Non-specific Hand, Wrist, or Forearm Pain in Patients with Paresthesias or Other Neurological Symptoms

Recommended. Electrodiagnostic studies are recommended to evaluate non-specific hand, wrist, or forearm pain for patients with paresthesias or other neurological symptoms.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Moderate

Indications: Persistent tingling and pain, particularly symptoms characteristic of radiculopathies and entrapment neuropathies. Providers are cautioned that the prevalence rate of abnormal electrodiagnostic studies in asymptomatic populations are high (see CTS section above) and interpretations of abnormal findings should be cautious.

Frequency/Dose/Duration: Should generally be performed at least 3 weeks after symptom onset.

Rationale: There is 1 low-quality study evaluating electrodiagnostic studies for non-specific pain. However, electrodiagnostic studies may assist in diagnosing and treating the condition and thus are recommended.

Evidence: There is 1 low-quality study in Appendix 2.(1128)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, Cochrane Library, and Google Scholar without date limits using the following terms: Electrodiagnostic, studies, Nerve conduction, study, NCS, Electromyography, EMG, Non-specific, hand, wrist, forearm, pain controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 31 articles in PubMed, 10870 in Scopus, 298 in CINAHL, 183 from Google Scholar, and 7 in Cochrane Library. We considered for inclusion 1 from PubMed, 0 from Scopus, 1 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 11358 articles considered for inclusion, 1 randomized trials and 1 systematic studies met the inclusion criteria.

CC:

Kweller, Esq., Zachary : 01/22/2020

Castro, Mario : 01/22/2020

UR, Chubb : 01/22/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 01/21/2020



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-22

ADJUSTER: Mario Castro

Determination Date: 06/11/2020
RFA Received Date: 06/04/2020
Provider: Babak Jamasbi, MD
Pre-cert #: 139249073-UMO-22

Pharmacy:
myMatrixx - ESI
Phone: 866-672-2482
Escalations: Phone: 877-292-1226
Email: wcmppafolder@express-scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 6/11/20 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine ointment	5% 60g	0	No				
Certified	Lidocaine ointment (Dispense Generic)	5% 60g	0	No	6/11/20	7/11/20		
Requested	Voltaren gel	1% #1	1	No				
Certified	Voltaren gel Dispense Generic)	1% #1	1	No	6/11/20	8/11/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Linda Dinerman, RN
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

Hulbert, Barbara

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-21

ADJUSTER: Mario Castro

Determination Date: 06/10/2020

RFA Received Date: 06/04/2020

Provider: Babak Jamasbi, MD

Pre-cert #: 139249073-UMO-21

One Call PT / OCM

Phone: 866-389-0211

Fax: 904-998-0299

Email: PT@onecallcm.com

Online: myeasyreferral.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 06/10/2020 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	12	0	0	Left - Lower Arm, Right - Lower Arm	97813, 97814, 97026, 97124				
Certified	Acupuncture	12	0	0	Left - Lower Arm, Right - Lower Arm	97813, 97814, 97026, 97124	6/10/20	12/10/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

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review for the purpose of determining whether the medical services were accurately billed.*



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-17

ADJUSTER: Mario Castro

Determination Date: 05/01/2020

RFA Received Date: 04/27/2020

Provider: Babak Jamasbi, MD

Pre-cert #: 139249073-UMO-17

MyMatrixx-ESI Phone: 866-672-2482
Escalations: Phone: 877-292-1226
Email: wcmppafolder@express-
scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 05/01/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Voltaren 1% Gel	#1	1	No				
Certified	Voltaren 1% Gel Dispense Generic	#1	1	No	5/1/20	7/1/20		
Requested	Lidocaine 5% Ointment	#60		No				
Certified	Lidocaine 5% Ointment Dispense Generic	#60	0	No	5/1/20	6/1/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

CorVel Corporation | PO Box 3529 | Costa Mesa, CA 92628 | p 714.385.8500 | f 866.910.4423



Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-14

ADJUSTER: Mario Castro

Determination Date: 04/03/2020

RFA Received Date: 03/31/2020

Provider: Babak Jamasbi, MD

Pre-cert #: 139249073-UMO-14

Network:

MyMatrixx ESI Phone:866-672-2482
Escalations: Phone:877-292-1226
Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 04/03/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Lidocaine 5% Ointment	#60		No				
Certified	Lidocaine 5% Ointment	#60	0	No	4/3/20	5/3/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Elena Vega, UR Nurse Case Manager
Utilization Management Department



cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-13

ADJUSTER: Mario Castro

Determination Date: 03/10/2020
RFA Received Date: 03/04/2020
Provider: Babak J Jamasbi, MD
Pre-cert #: 139249073-UMO-13

Pharmacy:
myMatrixx - ESI
Phone: 866-672-2482
Escalations: Phone: 877-292-1226
Email: wcmppafolder@express-scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 3/10/20 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Voltaren 1% Gel		1	No				
Certified	Voltaren 1% Gel (Dispense Generic)		1	No	3/10/20	5/10/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Linda Dinerman, RN
Utilization Management Department



cc: Office Copy
Mario Castro
Jonathan Shockley
Farber & Co
Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019
CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-12

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA
ADJUSTER: Mario Castro

Determination Date: 03/10/2020
RFA Received Date: 03/04/2020
Provider: Babak Jamasbi, MD
Pre-cert #: 139249073-UMO-12

Network:

One Call PT / OCM Phone: 866-389-0211, Fax:
904-998-0299, Email: PT@onecallcm.com, Online:
myeasyreferral.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made and is summarized below:

THERAPY								
Determination	Type of Therapy	Total # Visits		Body Part	CPT	Effective Date	Termination Date	Provider
Requested	Acupuncture	12		Bilateral Hands, Wrists and Forearms	97813, 97814, 97026, 97124			One Call
Certified	Acupuncture	12		Bilateral Hands, Wrists and Forearms	97813, 97814, 97026, 97124	3/10/20	9/10/20	One Call

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Anastasia Skenandore RN, CCM
Utilization Management Department
cc: Office Copy

Mario Castro



Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-11

ADJUSTER: Mario Castro

Determination Date: 02/07/2020

RFA Received Date: 02/03/2020

Provider: Babak Jamasbi, MD

Pre-cert #: 139249073-UMO-11

Network: MyMatrixx ESI Phone:866-672-2482
Escalations: Phone:877-292-1226
Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 02/07/2020 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Voltaren Gel 1%	#1		No				
Certified	Voltaren Gel 1%	#1	0	No	2/7/20	3/7/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Elena Vega, UR Nurse Case Manager
Utilization Management Department



cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



Certification Recommendation

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-10

ADJUSTER: Mario Castro

Determination Date: 02/07/2020
RFA Received Date: 02/03/2020
Provider: Babak Jamasbi, MD
Pre-cert #: 139249073-UMO-10

One Call
Phone: 866-389-0211
Fax: 904-998-0299
Email: PT@onecallcm.com
Online: myeasyreferral.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 02/07/2020 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Massage Therapy	6	0	0	Multiple Upper Extremities	97124				
Certified	Massage Therapy	6	0	0	Multiple Upper Extremities	97124	2/7/20	8/7/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Elena Vega, UR Nurse Case Manager
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*



Claims Examiner Authorization

CLAIM #: 040519008736 **INSURED:** Biotelemetry, Inc
DOI: 02/15/2019 **CARRIER/TPA:** Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley **ADJUSTER:** Mario Castro
CORVEL #: 139249073-UMO-24

Determination Date: 06/23/2020
RFA Received Date: 06/19/2020
Provider: Babak Jamasbi, MD
Pre-Cert #: 139249073-UMO-24
Network: N/A

The below request is **AUTHORIZED**. The decision was made on 6/23/20 and is summarized below:

CONSULT					
Determination	Type of Consult	Effective Date	Termination Date	Facility	Provider
Requested	Surgical consult for bilateral elbows	6/23/20	12/23/20		
Certified	Surgical consult for bilateral elbows	6/23/20	12/23/20		

Claims Examiner: Mario Castro
Contact Information: (213) 612-0880
Hours of operation: 8:30 am to 5:30 pm, M-F

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



Claims Examiner Authorization

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-15

ADJUSTER: Mario Castro

Determination Date: 04/01/2020
RFA Received Date: 04/01/2020
Provider: Babak Jamasbi, MD
Pre-Cert #: 139249073-UMO-15

Spremo (OCM)
Phone: 800-595-7173
Fax: 201-289-5765
Email: referrals@spremo.com
Online: https://express.spremo.com/easy_referrals/create

Network:

The below request is **AUTHORIZED**. The decision was made on 4/1/20 and is summarized below:

TESTING								
Determination	Type of Test	Type of Contrast	Body Part	Effective Date	Termination Date	CPT	Facility	Provider
Requested	MRI	Plain	Cervical spine	4/1/20	10/1/20			
Certified	MRI	Plain	Cervical spine	4/1/20	10/1/20			

Claims Examiner: Mario Castro
Contact Information: (213) 612-0880
Hours of operation: 8:30 am to 5:30 pm, M-F

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

*Utilization review does not include determinations of employer liability of the work injury, or of bill
review for the purpose of determining whether the medical services were accurately billed.*

CHUBB®

Date: 06/08/2020

Delivery Method:

Name: Babak Jamasbi, MD
Address: 1335 Stanford Ave., Emeryville, CA 94608
Attention: Bembem G.

Re: WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF
REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED
TREATMENT

Provider: Babak Jamasbi, MD
Claimant: Jonathan Shockley
ClaimNumber: 040519008736
Date of Loss: 02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 06/04/2020
- (C) Proposed medical treatment for which authorization was requested:
Acupuncture x12 to bilateral upper arms and Surgical consult for the neck with
Dr. Paul Slosar

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Neck, bilateral upper arms. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: *"Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board."*

TO THE INJURED WORKER:

"You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me."

And,

"For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401."

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist
Phone: (213) 612-0880

Copies: Jonathan Shockley
Co Farber &

CHUBB®

Date: 01/22/2020

Delivery Method.

Name: Babak J Jamasbi, MD
Address: 1335 Stanford Ave., Emeryville, CA 94608
Attention:

**Re: WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF
REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED
TREATMENT**

Provider: Babak J Jamasbi, MD
Claimant: Jonathan Shockley
ClaimNumber: 040519008736
Date of Loss: 02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak J Jamasbi, MD
- (B) DWC Form RFA was first received on: 01/22/2020
- (C) Proposed medical treatment for which authorization was requested: EMG.

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Bilateral forearms and upper arms. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: *"Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board."*

TO THE INJURED WORKER:

"You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me."

And,

“For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.”

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist
Phone: (213) 612-0880

Copies: Jonathan Shockley
Co Farber &



NOTICE OF DEFERRED RFA

Date: 6/23/2020

Requesting provider: Babak Jamasbi, MD
Address: 1335 Stanford Ave.
City, State, Zip: Emeryville, CA 94608

Re: Jonathan Shockley
Employer: Biotelemetry, Inc.
Claim No.: 040519008736
Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 06/19/2020

Service(s) Request: Only top portion of RFA received. If you have not done so already please re-fax complete rfa to the number below.

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro
Claims Specialist
(213) 612-5785 fax

Enclosure:

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NOTICE OF DEFERRED RFA

Date: 6/8/2020

Requesting provider: Babak Jamasbi, MD
Address: 1335 Stanford Ave.
City, State, Zip: Emeryville, CA 94608

Re: Jonathan Shockley
Employer: Biotelemetry, Inc.
Claim No.: 040519008736
Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 06/05/2020 **DOS:** 5/29/2020
Service(s) Request: Lidocaine 5% # 60

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro
Claims Specialist
(213) 612-5785 fax

Enclosure:



NOTICE OF DEFERRED RFA

Date: 5/26/2020

Requesting provider: Melissa Kwon, MD
Address: 1100 Van Ness Ave., # Level 4
City, State, Zip: San Francisco, CA 94109

Re: Jonathan Shockley
Employer: Biotelemetry, Inc.
Claim No.: 040519008736
Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 05/26/2020 **DOS:** 5/20/2020
Service(s) Request: Pennsaid 20MG/G (2%) #112

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro
Claims Specialist
(213) 612-5785 fax

Enclosure:

CHUBB®

NOTICE OF DEFERRED RFA

Date: 4/28/2020

Requesting provider: Jessica Aikin, PA-C
Address: 213 Quarry Rd., Rm 2851
City, State, Zip: Palo Alto, CA 94304

Re: Jonathan Shockley
Employer: Biotelemetry, Inc.
Claim No.: 040519008736
Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 04/28/2020 **DOS:** 4/24/2020
Service(s) Request: Lidocaine 5 % #60

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro
Claims Specialist
(213) 612-5785 fax

Enclosure:

Utilization Review Determination Report
Claim: 040519008736 Claimant: Jonathan Shockley

MEDICATION															
Service Code	Determ. Date	Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
UMO-22 CA	6/11/20	Certified		Voltaren gel Dispense Generic)	1% #1	1	No				Yes	Pharmacy : myMatrix x - ESI Phone: 866-672-2482	6/11/20	8/11/20	
UMO-22 CA	6/11/20	Certified		Lidocaine ointment (Dispense Generic)	5% 60g	0	No				Yes	Pharmacy : myMatrix x - ESI Phone: 866-672-2482	6/11/20	7/11/20	
UMO-17 CA	5/1/20	Certified		Lidocaine 5% Ointment Dispense Generic	#60	0	No	M70.832			Yes	MyMatrix x-ESI Phone: 866-672-2482	5/1/20	6/1/20	
UMO-17 CA	5/1/20	Certified		Voltaren 1% Gel Dispense Generic	#1	1	No	M70.832			Yes	MyMatrix x-ESI Phone: 866-672-2482	5/1/20	7/1/20	
UMO-14 CA	4/3/20	Certified		Lidocaine 5% Ointment	#60	0	No	M70.832, M70.831, M70.822, M70.821, Z79.899			Yes	Per CA MTUS/AC OEM/OD G/MD Guidelines & medical necessity	4/3/20	5/3/20	

Utilization Review Determination Report
Claim: 040519008736 Claimant: Jonathan Shockley

UMO-13 CA	3/10/20	Certified		Voltaren 1% Gel (Dispense Generic)	-	1	No	M70.832, M70.831, M70.822, M70.821, Z79.899			Yes	Pharmacy : myMatrix x - ESI Phone: 866-672- 2482	3/10/20	5/10/20	
UMO-11 CA	2/7/20	Certified		Voltaren Gel 1%	#1	0	No				Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	2/7/20	3/7/20	

THERAPY																	
Service Code	Determ. Date	Determination	Type of therapy	Other Therapy Desc	Type of Visits	Total # Visits	Visits / Week	Total Weeks	Prior Approved by Corvel	Body Part / Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determi nation Notes
UMO-25 CA	7/21/20	Non-Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	12	0	0		Left - Hand, Right - Hand, Right - Wrist, Left - Wrist, Left - Lower Arm, Right - Lower Arm/			No		7/21/20	7/21/21	
UMO-21 CA	6/10/20	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	12	0	0		Right - Lower Arm, Left - Lower Arm/			Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	6/10/20	12/10/20	

Utilization Review Determination Report
Claim: 040519008736 Claimant: Jonathan Shockley

UMO-12 CA	3/10/20	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	12	0	0		Left - Hand, Right - Hand, Left - Lower Arm, Right - Lower Arm, Right - Wrist, Left - Wrist/ M70.832		Yes	v	3/10/20	9/10/20	
UMO-10 CA	2/7/20	Certified	Other 97124-- Unlimited	Massage Therapy	Preo perat ive	6	0	0		Multiple Upper Extremiti es/		Yes	One Call Phone: 866-389- 0211 Fax: 904- 998-0299	2/7/20	8/7/20	
UMO-8 CA	12/6/19	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	6	0	0		Left - Hand, Right - Hand/ M70.832, M70.831		Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	12/6/19	6/6/20	
UMO-6 CA	11/4/19	Certified	Other 97124-- Unlimited	Massage therapy	Preo perat ive	6	0	0		Left - Hand, Right - Hand/		Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	11/4/19	5/4/20	
UMO-6 CA	11/4/19	Certified	Acupuncture 97026-- Unlimited,97124 -- Unlimited,97813 -- Unlimited,97814 --Unlimited		Preo perat ive	12	0	0		Left - Hand, Right - Hand/		Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	11/4/19	5/4/20	

Utilization Review Determination Report
Claim: 040519008736 Claimant: Jonathan Shockley

UMO-4 CA	5/1/19	Certified	Other 97003-- Unlimited,97110 -- Unlimited,97112 -- Unlimited,97530 --Unlimited	Hand Therapy	Preo perat ive	6	1	6		Right - Hand, Left - Hand/ M79.641, M79.642			Yes	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	5/1/19	11/1/19	
UMO-3 CA	4/22/19	Non-Certified	Other	Hand therapy		0	0	0		Insufficie nt info to Properly Identify— Unclassifi ed/			No				RFA Deferral
UMO-1 CA	3/11/19	Certified	Other	Hand therapy, Evaluatio n and treatme nt	Preo perat ive	12	2	6		Right - Hand/			No		3/11/19	9/11/19	

TESTING

Service Code	Determ. Date	Determination	Type of Test	Other Testing Desc	Type of Contrast	Body Part / Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
UMO-15 CA	4/1/20	Certified	MRI		Plain	Multiple Neck Injury/ M70.832			No		4/1/20	10/1/20	
UMO-2 CA	4/22/19	Certified	Other	Ergonomic Evaluation at Workplace	N/A	Right - Hand, Left - Hand/			No		4/19/19	10/19/19	

DME

Service Code	Determ. Date	Determination	Type of Equipment	Rental/ Purchase	If Rental, Duration	Body Part / Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
UMO-5 CA	5/9/19	Certified	Voice Generated System	Purchase		Hand, Multiple Upper Extremities /M79.641, M79.642			Yes	Per Adjuster	5/9/19	11/9/19	Voice Generated System

CONSULT

Service Code	Determ. Date	Determination	Type of Consult	Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
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Utilization Review Determination Report
Claim: 040519008736 Claimant: Jonathan Shockley

UMO-24 CA	6/23/20	Certified	Surgical consult for bilateral elbows				No		6/23/20	12/23/20	
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